

Valley Surgical Associates

Madison
P: (256) 817-5951
f: (256) 817-5952

Huntsville
P: 256-265-9491
f: 256-265-9498

Referral to:

Madison

Huntsville

☐ Matthew Hunt ☐ Douglas Downey

☐ Marc Zelickson ☐ Veeraiah Siripurapu

☐ 8371 Highway 72 W, Suite 206
Madison, AL 35758
(Madison Medical 1)

☐ 201 Sivley Road, Ste. 330
Huntsville, AL 35801
(Blackwell Medical Tower)

Referral From: _____

Diagnosis: _____

Office Contact: _____

Referral Date: _____ Office Number: _____

Patient Name: _____

Date of Birth: _____ Social Security #: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Ins/Primary Name: _____

Policy#: _____ Grp: _____

Date of Appointment: _____

Insurance Information (provide patient information unless patient is a minor, then provide guarantor's information)

PRIMARY INSURANCE

Insurance name: _____ Relationship to patient: _____

Subscriber's name: _____ Copay amount: _____

Subscriber ID/Contract Policy #: _____ Group #: _____

Subscriber's SSN: _____ Subscriber's DOB: _____

Subscriber's Employer: _____ Employer's Phone: _____

SECONDARY INSURANCE

Insurance name: _____ Relationship to patient: _____

Subscriber's name: _____ Copay amount: _____

Subscriber ID/Contract Policy #: _____ Group #: _____

Subscriber's SSN: _____ Subscriber's DOB: _____

Subscriber's Employer: _____ Employer's Phone: _____

Instructions: (Check off to verify done)

- ☐ Referral requested
(Tricare, HealthSpring, Medicaid etc.)
- ☐ Referring physician office to fax all records related
to patient's condition
- ☐ Request office to send copy driver's license and
insurance card with records

- ☐ Patient to bring all medications or list of
medications to appointment
- ☐ Patient to bring co-pay and/or \$75 if self-pay
- ☐ New patient packet sent

Staff Initials/Date/Time